

**CANYON HARDESTY** 



**JULIETARBUCK** 



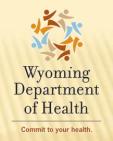
**TAI WRIGHT** 



**COURTNEY SMITH** 

WELCOME

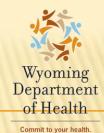
PRISM TRAINING - 2011



#### **INTRODUCTION TO PRISM**

Wyoming Department of Health PRISM Help Desk 307-777-7953

#### **TRAININGS**



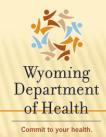
Today- Training A: 1pm – 3pm

- Confidentiality
- •PRISM Profiles
- •PRISM Field Records

Next Time- Training B:1pm – 3pm

- PRISM Interview Record
- How to link profiles
- Patient Risk

#### INTRODUCTION



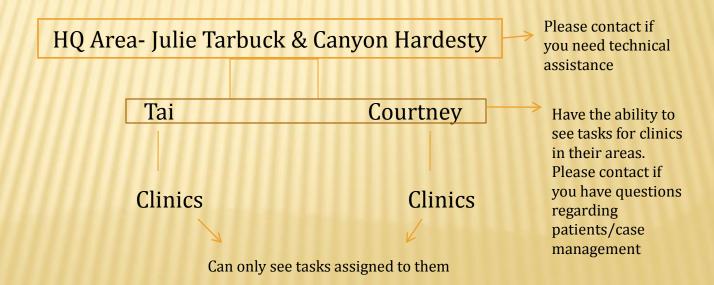
- •The PRISM data system is designed to have a single record representing a single individual and their associated reportable communicable disease episode.
- •PRISM is a data system which stores communicable disease data which can be updated and analyzed as needed
- •PRISM will be utilized for mandatory reporting of the following diseases:
  - Chlamydia
  - •Gonorrhea
  - Syphilis
  - •Hepatitis B & C (Jan, 2012)
  - •LTBI (June, 2012)

#### INTRODUCTION

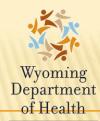


• **PRISM** allows access to the data system through a single point of user identification

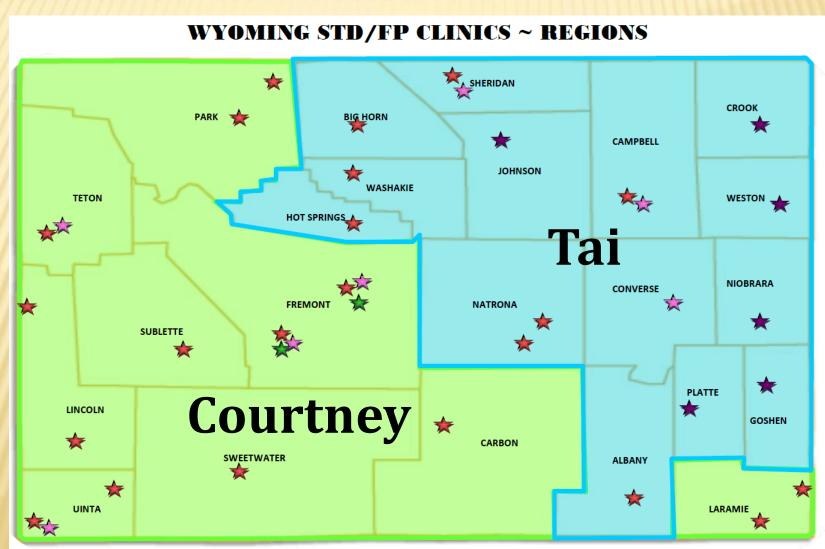
•PRISM is built on a hierarchical basis, meaning you can do any task at your role or below.



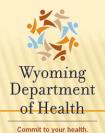
#### **REGIONAL BREAKDOWN**



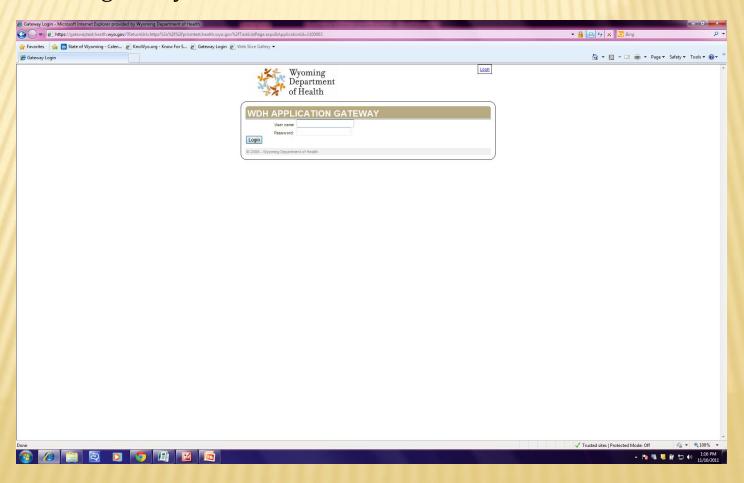
Commit to your health



#### INTRODUCTION



•PRISM users log in securely via the internet (https) using the WDH gateway



#### **FEATURES**



- •PRISM consists of:
  - •Profiles- Contains demographic information such as
    - Address
    - Phone Number
    - •Race/Ethnicity
    - •Etc
  - •Field Records- Each disease episode creates a new field record which contains
    - Disease information
    - Provider
    - Treatment
    - Disposition
  - •Lab Records (input by WDH staff)- Each field record includes a lab record which includes
    - Disease Status
    - Test type
    - Lab information
    - Ordering Provider
  - •Interviews- Includes information regarding risks, HIV status, and ability to link profiles together

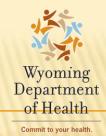
#### **DATA ENTRY**



Commit to your health

- \* WHEN ENTERING INFORMATION INTO PRISM PLEASE USE ALL CAPITOL LETTERS AND AVOID PUNCTUATION EXCEPT HYPHENS IN NAMES.
- \* THIS WILL PREVENT PROBLEMS WITH DUPLICATION:
- **×** EXAMPLES:
  - + CBERING VS. C'BERING VS C Bering
  - + MCFLURRY VS. McFLURRY VS. MC FLURRY

#### **REVIEW QUESTIONS**



- 1. What is the purpose of PRISM?
  - a. To store, analyze and manage communicable disease data
  - b. To determine appropriate treatment for STD patients
  - c. To report diseases such as influenza and salmonella
  - d. To check the communicable disease status of your friends
- 2. If you have technical questions or problems who do you contact?
  - a. Tai Wright
  - b. Courtney Smith
  - c. Santa Clause
  - d. Julie Tarbuck

## HEALTHCARE INFORMATION 101:

# PRIVACY, CONFIDENTIALITY & SECURITY

# WEBSTER'S DEFINITION:

- The quality or state of:
  - being apart from observation.
  - being free from unauthorized intrusion.

#### **OUR DEFINITION:**

- The ability and right of an individual to:
  - control the use and distribution of information that relates to him/herself.
  - hold information about him/herself in secret, free from the knowledge of others.

~ WHAT DOES THAT MEAN? ~

## **RESPECT**

- ALWAYS RESPECT THE CLIENT'S CHOICE NOT TO DISCLOSE INFORMATION HE/SHE DOES NOT FEEL COMFORTABLE REVEALING, WHICH COULD INCLUDE (BUT IS NOT LIMITED TO):
  - NAME, AGE, SEXUAL PRACTICES / ORIENTATION, PARTNER INFORMATION, RISK FACTORS / BEHAVIORS, PREVIOUS ILLNESSESAND/OR CONDITIONS...

~ HOW TO AVOID A BREACH ~

## **AWARENESS**

- TELL THE CLIENT WHY YOU ARE ASKING FOR PERSONAL INFORMATION.
  - HIPAA / SURVEILLANCE DISCLOSURE
- MAKE SURE THE CLIENT UNDERSTANDS THAT ALL INFORMATION GATHERED WILL BE HELD IN STRICT CONFIDENTIALITY.

~ HOW TO AVOID A BREACH ~

## **ENCOURAGEMENT**

- ENCOURAGE THE CLIENT BY EMPHASIZING THE BENEFITS OF DISCLOSURE (IE: PARTNER TREATMENT AND FOLLOW-UP, ACCESS TO EDUCATIONAL MATERIALS, ETC)
- ENCOURAGE THE CLIENT TO SHARE AS MUCH INFORMATION AS POSSIBLE IN ORDER TO PROVIDE THE BEST CARE AND FOLLOW-UP

~ HOW TO AVOID A BREACH ~

## PUTTHEM AT EASE

- DO NOT BULLY, INTIMIDATE OR BELITTLE THE CLIENT IF HE/SHE CHOSES NOT TO SHARE IMPORTANT INFORMATION OR BECAUSE OF THE INFORMATION HE/SHE SHARES.
- THE MORE COMFORTABLE A CLIENT IS WITH YOU, THE GREATER THE LIKELIHOOD THAT HE/SHE WILL OPEN UP TO YOU.

# WEBSTER'S DEFINITION:

 Maintaining information whose unauthorized disclosure could be harmful to an individual.

#### CONFIDENTIAL

- Marked by intimacy or willingness to confide.
- Private or Secret.

#### **OUR DEFINITION:**

 The assurance that information about an individual (the release of which could constitute an invasion or breach of PRIVACY) will not be disclosed without consent except as allowed or required by law.

~ WHAT DOES THAT MEAN? ~

#### ONLY AS NEEDED

- CLIENT INFORMATION SHOULD BE ACCESSED ONLY AS NEEDED OR ON A "NEED-TO-KNOW" BASIS REGARDLESS OF THE USER'S ROLES/PERMISSIONS
  - IE: A USER HAS LITTLE OR NO PROFESSIONAL
     REASON TO SEARCH PRISM FOR RECORDS RELATED
     TO A FRIEND, RELATIVE, BOYFRIEND, EX-BOYFRIEND,
     MOVIE STAR, MUSICIAN, ETC.
    - THIS WOULD CONSTITUTE A MIS-USE OF THE DATA SYSTEM.

~ WHAT DOES THAT MEAN? ~

## SIGN AGREEMENT

- EMPLOYEES WHO ARE GRANTED ACCESS TO PRISM MUST SIGN A "USER AGREEMENT" THAT INCLUDES:
  - REVIEW OF STATE STATUTES AND REGULATIONS
  - FEDERAL REGULATIONS AND GUIDELINES
  - PENALTIES AND FINES FOR DISCLOSURE (STATE/FED)
  - EMPLOYEE SIGNATURE INDICATING UNDERSTANDING AND ADHERENCE TO THE POLICIES AND GUIDELINES

~ WHAT DOES THAT MEAN? ~

## SIGN AGREEMENT

- CLINICS SHOULD HAVE IN PLACE SIGNED CONFIDENTIALITY AGREEMENTS FROM ALL EMPLOYEES WHO ACCESS PRIVATE HEALTH INFORMATION.
- SHOULD INCLUDE ORGANIZATIONAL EXPECTATION OF CONFIDENTIALITY, POLICIES, GUIDELINES, AND PENALTIES FOR MISUSE OF DATA OR UNECESSARY DISCLOSURE.

~ WHAT DOES THAT MEAN? ~

#### WHAT IF... RULE

- FOLLOW THE "WHAT IF..." RULE:
  - "WHAT IF THIS WAS MY OWN PERSONAL INFORMATION?
  - HOW WOULD I CARE FOR / MAINTAIN IT?
  - WHAT KIND OF PRECAUTIONS AND MEASURES WOULD ITAKE TO KEEP IT SECURE?
- USEFUL IN DETERMINING IF A DISCLOSURE IS NECESSARY.
- USEYOUR BEST JUDGEMENT AS TO HOW MUCH INFORMATION IS REQUIRED.

~ HOW TO AVOID A BREACH ~

**ACCIDENTAL DISCLOSURE** 

- CLIENT INFORMATION SHOULD NOT BE DISCUSSED IN PUBLIC AREAS SUCH AS:
  - BREAKROOM
  - ELEVATOR
  - HALLWAY

- PUBLIC TRANSPORTATION
- RESTROOM
- **–** ???

# ~ HOW TO AVOID A BREACH ~ PERSONAL DISCLOSURES

- CLIENT INFORMATION SHOULD NOT BE DISCUSSED WITH FRIENDS, FAMILY, SPIRITUAL LEADERS, COMMUNITY LEADERS, ETC.
- CLIENT INFORMATION SHOULD ONLY BE DISCUSSED WITH CO-WORKERS ON AN "AS-NEED" BASIS (WHEN THE INFORMATION IS NECESSARY TO PROVIDE THE BEST CARE AND FOLLOW-UP TO THE CLIENT).

~ HOW TO AVOID A BREACH ~

#### INCIDENTAL DISCLOSURE

- KEEP ALL PAPER DOCUMENTATION COVERED, FILED AND OUT OF SIGHT.
- KEEP COMPUTER MONITORS TURNED AWAY FROM HALLWAYS, WINDOWS AND OPEN DOORS.
- TREAT CLIENT INFORMATION AS IF IT WERE YOUR OWN.

# WEBSTER'S DEFINITION:

- The quality or state of being secure.
- Free from danger, fear or anxiety.
- Measures taken to guard against espionage, sabatage, crime, attack or escape.

#### **OUR DEFINITION:**

The mechanisms (both electronic and manual) by which the integrity and CONFIDENTIALITY of PRIVATE information is guaranteed.

~ WHAT DOES THAT MEAN? HANDLE WITH CARE

ALL PATIENT INFORMATION SHOULD BE HANDLED WITH CARE TO PREVENT UNECESSARY DISCLOSURES.

~ WHAT DOES THAT MEAN? ~

#### KEEP IT CONFIDENTIAL

- ALL DATA SYSTEMS SHOULD BE EXAMINED FOR THE MOST EFFICIENT AND EFFECTIVE WAYS TO KEEP DATA CONFIDENTIAL.
- ON COMPUTERS
- WITHIN DATABASES
- ELECTRONIC DOCUMENTS

- ON LISTS
- IN LETTERS, FAXES, ETC
- HARDCOPY DOCUMENTS

~ WHAT DOES THAT MEAN? -

#### POLICIES & PROCEDURES

- ORGANIZATIONAL CONFIDENTIALITY POLICIES AND PROCEDURES SHOULD BE IMPLEMENTED AND EVALUATED TO DETERMINE IF ALL FORMS OF PHI ARE COVERED.
- ORGANIZATIONAL CONFIDENTIALITY POLICIES AND PROCEDURES SHOULD BE RE-EVALUATED AND UPDATED ON A REGULAR SCHEDULE.

# ~ HOW TO AVOID A BREACH ~ COMPUTER MEASURES

- WHEN ACCESSING CLIENT INFORMATION BOTH USER ID AND PASSWORD SHOULD BE IN PLACE TO VERIFY THE USER'S IDENTITY AND ENSURE APPROPRIATE DISCLOSURE.
- ENCRYPTION SHOULD BE USED WHEN CLIENT INFORMATION IS BEING TRANMITTED. (EMAIL, DATABASE, ELECTRONIC FORM).
- FIREWALLS CREATE A FILTER WHICH ASSISTS IN KEEPING DATA FROM BEING INFILTRATED. (VIRUS, HACKER, SPYWARE, ETC).
- SECURE THE INFORMATION WHEN ACCESSING/UPDATING VIA THE INTERNET (HTTPS/SSL/TLS).

# ~ HOW TO AVOID A BREACH ~ FAX MEASURES

- HAVE COMMON FAX NUMBERS PROGRAMMED INTO SPEED-DIAL TO DECREASE THE POSSIBILITY OF INFORMATION GOING TO THE WRONG NUMBER.
- USE A COVERSHEET THAT HAS A "PRIVACY NOTICE" CLEARLY PRINTED ON IT.
- CHECK FAX CONFIRMATIONS TO VERIFY CORRECT PHONE NUMBER AND THAT THE FAX WAS SUCCESSFULLY SENT, THEN REMOVE DOCUMENTS FROM THE FAX IMMEDIATELY AND RETURN TO THEIR PROPER FILE.
- KEEP FAX CONFIRMATIONS WITH DOCUMENTS SENT TO JUSTIFY DISCLOSURE IF NECESSARY

# ~ HOW TO AVOID A BREACH - HARDCOPY MEASURES

- KEEP ALL PAPER DOCUMENTS THAT CONTAIN PHI IN A PLACE THAT IS NOT PUBLICLY ACESSIBLE (LOCKED OFFICE, LOCKED CABINET)
- KEEP LOOSE DOCUMENTATION, OR DOCUMENTATION THAT IS IN USE, IN A FILE FOLDER TO REDUCE THE POSSIBLITY OF INCIDENTAL DISCLOSURE FROM PERSONNEL OR OTHER CLIENTS WHO MAY COME INTO THE OFFICE/CLINIC.
- SHRED DOCUMENTATION THAT IS NO LONGER NEEDED RATHER THAN DISCARDING.

FRANK COMES INTO THE CLINIC CLAIMING THAT ONE OF HIS PARTNERS TESTED POSITIVE FOR A SEXUALLY TRANSMITTED INFECTION AND HE REQUESTS TO BE TREATED.

FRANK GIVES THE CLINICIAN HIS PARTNER'S
INFORMATION TO CONFIRM THE POSITIVE WITHIN PRISM.
HE IS THEN TREATED BUT NOT TESTED. HE IS ENTERED
INTO PRISM AS PREVENTIVELY TREATED.

SEVERAL DAYS LATER SOMEONE NAMED SUSAN COMES INTO THE OFFICE CLAIMING TO HAVE HAD SEXUAL CONTACT WITH FRANK AND ASKING IF HE HAS BEEN SEEN OR TREATED.

WHAT DOYOU DO?



- A) LOOK UP FRANK'S INFO IN PRISM AND CONFIRM WITH SUSANTHAT HE WAS TREATED BUT NOT TESTED.
- B) TELL SUSAN THAT IF SHE THINKS SHE MAY HAVE BEEN EXPOSED TO STD SHE CAN BE TESTED AND TREATED BUT DO NOT CONFIRM OR DENY THAT FRANK WAS SEEN.
- C) GIVE SUSAN A PRESCRIPTION OR TREATMENT FOR THE STD BUT DO NOT CONFIRM OR DENYTHAT FRANK WAS SEEN.
- D) TELL SUSAN THAT IF SHE SHOULD CALL FRANK AND ASK HIM.

#### WHICH PRINCIPLE IS BEING DEMONSTRATED IN THIS EXAMPLE?

~ PRIVACY

~ SECURITY

~ CONFIDENTIALITY

~ ALL OF THE ABOVE

SALLY HAS PRESENTED ON NUMEROUS OCCASIONS OVER THE PAST YEAR WITH RECURRENT SEXUALLY TRANSMITTED INFECTIONS.

BASED ON THE NOTES IN PRISM, SHE HAS REPEATEDLY STATED THAT SHE HAS NOT HAD ANY SEXUAL CONTACT IN SEVERAL YEARS. MOST RECENTLY SHE PRESENTED WITH A LESION CONSISTENT WITH PRIMARY SYPHILIS.

SHE AGAIN STATES SHE HAS NOT HAD SEX WITH ANYONE IN OVER A YEAR.

WHAT DOYOU DO?



- A) TELL HER SHE CANNOT LEAVE THE CLINIC UNTIL SHE TALKS
- B) GIVE HER YOUR CARD AND ASK HER TO GIVE YOU A CALL IF SHE REMEMBERS ANYTHING THAT MIGHT BE RELEVANT.
- C) ASK HER WHAT HER DEFINITION OF SEXUAL CONTACT IS SO THAT YOU CAN DETERMINE IF ADDITIONAL EDUCATION IS NEEDED.
- D) NONE OF THE ABOVE

#### WHICH PRINCIPLE IS BEING DEMONSTRATED IN THIS EXAMPLE?

~ PRIVACY

~ CONFIDENTIALITY

~ SECURITY

~ ALL OF THE ABOVE

JANE IS A 14-YEAR-OLD FEMALE WHO CAME INTO THE DOCTOR'S OFFICE FOR SCREENING. HER TEST CAME BACK POSITIVE FOR A SEXUALLY TRANSMITTED INFECTION AND HER PRISM FIELD RECORD WAS ASSIGNED TO YOUR CLINIC FOR FOLLOW-UP.

WHEN YOU CALL THE PHONE NUMBER IN PRISM TO INFORM HER OF THE TEST RESULTS, JANE'S MOTHER ANSWERS THE PHONE AND INSISTS YOU TELL HER WHO YOU ARE AND WHY YOU ARE CALLING.

WHAT DO YOU DO?



- A) EXPLAINTHAT YOU ARE WITH ABC MEDICAL CLINIC AND THAT YOU NEED TO SPEAK WITH JANE ABOUT HER TEST RESULTS.
- B) TELL HER YOUR NAME AND THAT THE MATTER YOU ARE CALLING IN REGARD TO IS PERSONAL AND CANNOT BE SHARED WITH ANYONE BUT JANE. Can be combined with:
- C) ASK IF THERE IS A BETTER TIME TO CALL
- D) QUICKLY HANG UP AND NOTE IN THE FILE THAT YOU WERE UNABLE TO GET AHOLD OF JANE.

#### WHICH PRINCIPLE IS BEING DEMONSTRATED IN THIS EXAMPLE?

- ~ PRIVACY
- ~ CONFIDENTIALITY

- ~ SECURITY
- ~ ALL OF THE ABOVE

ONE DAY WHILE CHECKING THE PRISM TASK LIST, YOU NOTICE AN INCOMING FIELD RECORD FOR A PATIENT WHO'S NAME YOU DO NOT RECOGNIZE AS HAVING BEEN SEEN AT YOUR CLINIC.

YOU CHECK YOUR PHYSICAL RECORDS BUT DO NOT FIND THE PATIENT LISTED.

YOU OPEN THE FIELD RECORD AND SEE THAT THE PATIENT WAS SEEN AT ANOTHER LOCAL CLINIC.

WHAT DOYOU DO?



- A) IGNORE THE TASK SINCE IT OBVIOUSLY DOES NOT BELONG TO YOUR CLINIC
- B) CALL THE REGIONAL EPI FOR YOUR AREA (THIS COULD BE A REFERRAL OR MAYBE WAS MISTAKENLY ASSIGNED)
- C) CALLTHE LOCAL CLINIC TO LET THEM KNOW THAT YOU HAVE THEIR PATIENT TASK.
- D) CHECK THE FIELD RECORD NOTES TO SEE IF THERE IS ANY INDICATION WHY THE RECORD WAS ASSIGNED TO YOUR CLINIC.

Can be combined with B if in doubt.

#### WHICH PRINCIPLE IS BEING DEMONSTRATED IN THIS EXAMPLE?

~ PRIVACY

~ SECURITY

~ CONFIDENTIALITY

~ ALL OF THE ABOVE

# QUESTIONS

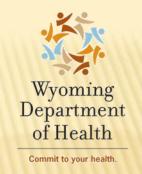


#### **RESOURCES**

- Health Insurance Portability Act of 1996 (HIPAA) Privacy Rule,
   ARRA/HITECH
- Patient Safety and Quality Improvement Act of 2005 (PSQIA) Patient Safety Rule
- CDC Technical Guidance for HIV/AIDS Surveillance Programs: Volume III: Security and Confidentiality Guidelines
- CRS Report for Congress: Internet: An Overview of key Technology Policy Issues Affecting its Use and Growth
- CRS Report for Congress: Electronic Personal Health Records
- Ama-assn.org/amednews/2008/07/14/gvsbo714.htm
- Martindale.com/criminal-law/article\_krieg-devault-llp\_953678.htm

#### RESOURCES

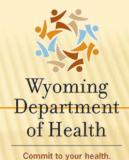
- Stimmel, Stimmel & Smith Law Office: Security and Confidentiality in the World of E-Mail and the Internet: A Legal Analysis <u>www.stimmel-law.com</u>
- Annals of Internal Medicine: Maintaining the Confidentiality of Medical Records Shared over the Internet/World Wide Web www.annals.org
- Internet Confidentiality and Privacy www.livinginternet.com
- www.patientprivacyrights.org
- www.hhs.gov/ocr/privacy/index.html
- American Medical Association Article: Patient Confidentiality <u>www.ama-assn.org/ama/pub/physician-resources/legal-</u> <u>topics/patient-physician-relationship-topics/patient-</u> <u>confidentiality.shtml</u>



### **PROFILE OPERATIONS**

Wyoming Department of Health STD Program 307-777-8939

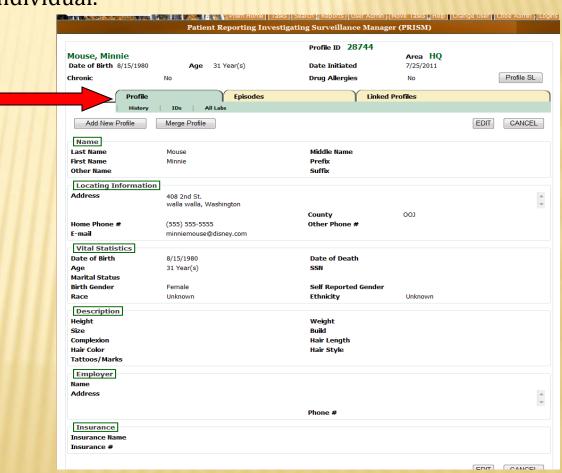
#### INTRODUCTION



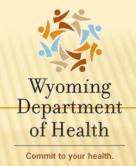
Sexually Transmitted Diseases (STDs) are passed between people in a variety of ways. As such, the PRISM system is designed to have a single record representing a single individual.

In PRISM, this record is called the **PROFILE** 

The **PROFILE** contains identifying information about the individual



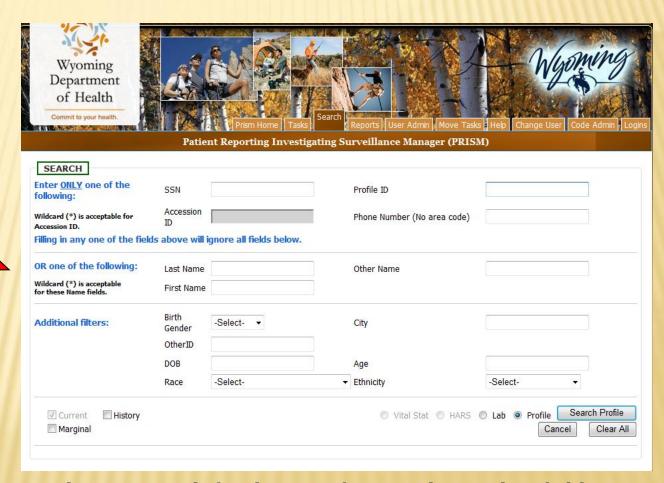
#### **SEARCH PROFILE**



The first thing the User does is to search for an existing Profile.

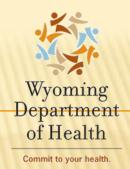
Use the wild card \* in the name fields for all searches.

The Accession Id is found on a lab result and is used by the lab to identify a specimen. Searching this field will return lab records only.



Entering the **PROFILE ID** results in a search for the specific record. No other fields in the Search screen are necessary. (Clear All first)

# **SEARCH RESULTS**

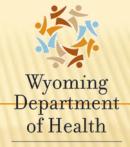


Clicking on the link in the results shows the Profile record.

The Profile history includes changes made to the data fields, when the change was made and by whom.

|                                        | ·                       |                     |                      |            |
|----------------------------------------|-------------------------|---------------------|----------------------|------------|
| Mii-                                   |                         | Profile ID 28744    | . 110                |            |
| louse, Minnie<br>ate of Birth 8/15/198 | 0 Ago 31 Vozr(o)        | Date Initiated      | Area HQ<br>7/25/2011 |            |
|                                        |                         |                     |                      |            |
| hronic                                 | No                      | Drug Allergies      | No                   | Profile SI |
| Profile                                | Episodes                | Link                | ced Profiles         |            |
| Histor                                 | y   IDs   All Labs      |                     |                      |            |
| Adorofile                              | Merge Profile           |                     |                      | EDIT CANCE |
| ast Name                               | Mouse                   | Middle Name         |                      |            |
| irst Name                              | Minnie                  | Prefix              |                      |            |
| Other Name                             |                         | Suffix              |                      |            |
| Locating Informat                      | ion                     |                     |                      |            |
| Address                                | 408 2nd St.             |                     |                      |            |
|                                        | walla walla, Washington |                     |                      |            |
|                                        |                         | County              | 003                  |            |
| lome Phone #                           | (555) 555-5555          | Other Phone #       |                      |            |
| -mail                                  | minniemouse@disney.com  |                     |                      |            |
| Vital Statistics                       |                         |                     |                      |            |
| Date of Birth                          | 8/15/1980               | Date of Death       |                      |            |
| Age                                    | 31 Year(s)              | SSN                 |                      |            |
| Marital Status                         |                         |                     |                      |            |
| Birth Gender                           | Female                  | Self Reported Gende | er                   |            |
| Race                                   | Unknown                 | Ethnicity           | Unknown              |            |
| Description                            |                         |                     |                      |            |
| leight                                 |                         | Weight              |                      |            |
| Size                                   |                         | Build               |                      |            |
| Complexion                             |                         | Hair Length         |                      |            |
| lair Color                             |                         | Hair Style          |                      |            |
| attoos/Marks                           |                         |                     |                      |            |
| Employer                               |                         |                     |                      |            |
| lame<br>Address                        |                         |                     |                      |            |
| auur ess                               |                         |                     |                      |            |
|                                        |                         | Phone #             |                      |            |
| Insurance                              |                         |                     |                      |            |
| nsurance Name                          |                         |                     |                      |            |
| insurance #                            |                         |                     |                      |            |

#### **SEARCH PROFILE**

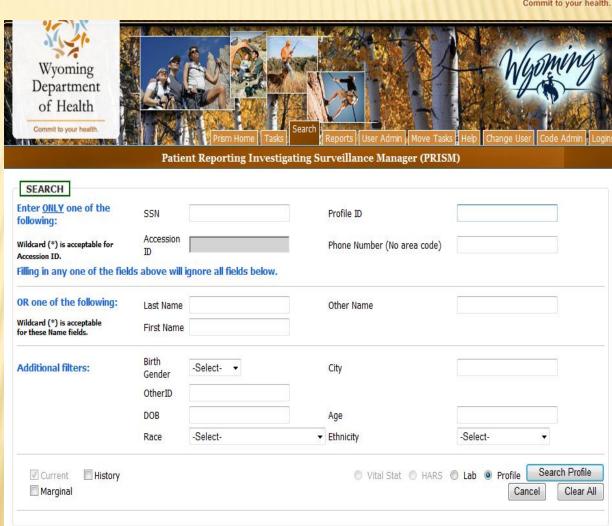


Commit to your health.

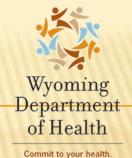
There are controls on the Search Page to manage the search operation.

- Search Initiates the search using the criteria entered.
- Cancel This stops the Search and opens the Home Page
- Clear All This clears out the search fields to begin a new search

Unless you clear the data fields, returning to the search page repopulates those fields used in the last search



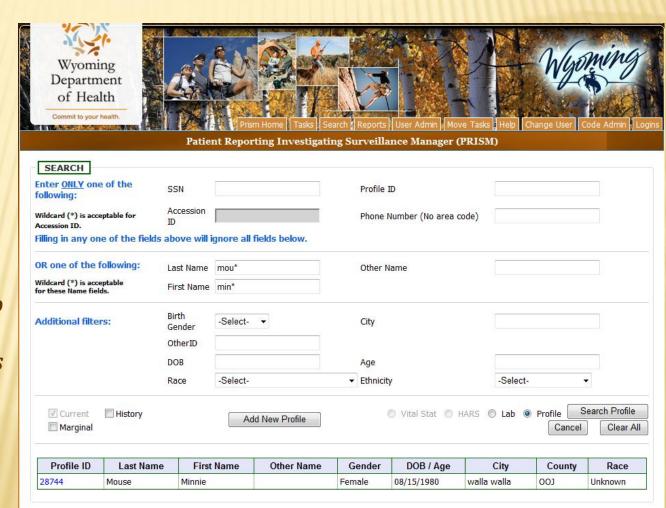
#### **SEARCH RESULTS**



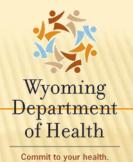
Filters control how the search is done. Here is one looking for individuals whose first name begins with *min* and last name begins with *mou*.

The \* is a wildcard.

Unless you clear the data fields, returning to the search page repopulates those fields used in the last search. You may add filters as you wish



#### **VIEW PROFILE**



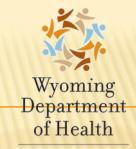
When a Profile opens, the name and other identifying information is displayed at the top.

Once opened, there are controls on the **PROFILE Details** page.

- •IDs These identifiers can be things such as driver licenses, inmate or school ID, etc.
- •**History** This displays the old and new contents of a field and information about who changed it and when
- **Episodes** This displays a list of Field Records detailing the medical history
- •Linked Profiles This displays any Profiles linked to this one.
- Edit This opens the Profile for updating.
- •Cancel Returns to Search

|                        | Patient Reporting Investi | gating Surveillance Mana | iger (PRISM) |      |            |
|------------------------|---------------------------|--------------------------|--------------|------|------------|
|                        |                           | Profile ID 28744         |              |      |            |
| ouse, Minnie           |                           |                          | Area HQ      |      |            |
| ate of Birth 8/15/1980 | Age 31 Year(s)            | Date Initiated           | 7/25/2011    |      |            |
| hronic                 | No                        | Drug Allergies           | No           |      | Profile SL |
| Profile                | Episodes                  | Linke                    | ed Profiles  |      |            |
| History                | IDs All Labs              | "                        |              |      |            |
| Add New Profile        | Merge Profile             |                          |              | EDIT | CANCEL     |
| Name                   |                           |                          |              |      |            |
| ast Name               | Mouse                     | Middle Name              |              |      |            |
| irst Name              | Minnie                    | Prefix                   |              |      |            |
| Other Name             |                           | Suffix                   |              |      |            |
| Locating Informatio    | n                         |                          |              |      |            |
| Address                | 408 2nd St.               |                          |              |      | ,          |
|                        | walla walla, Washington   |                          |              |      | ,          |
|                        |                           | County                   | 003          |      |            |
| Home Phone #           | (555) 555-5555            | Other Phone #            |              |      |            |
| -mail                  | minniemouse@disney.com    |                          |              |      |            |
| Vital Statistics       |                           |                          |              |      |            |
| Date of Birth          | 8/15/1980                 | Date of Death            |              |      |            |
| <b>A</b> ge            | 31 Year(s)                | SSN                      |              |      |            |
| Marital Status         |                           |                          |              |      |            |
| Birth Gender           | Female                    | Self Reported Gender     |              |      |            |
| Race                   | Unknown                   | Ethnicity                | Unknown      |      |            |
| Description            |                           |                          |              |      |            |
| leight                 |                           | Weight                   |              |      |            |
| Size                   |                           | Build                    |              |      |            |
| Complexion             |                           | Hair Length              |              |      |            |
| Hair Color             |                           | Hair Style               |              |      |            |
| Tattoos/Marks          |                           |                          |              |      |            |
| Employer               |                           |                          |              |      |            |
| lame                   |                           |                          |              |      |            |
| Address                |                           |                          |              |      |            |
|                        |                           | Phone #                  |              |      |            |
| Insurance              |                           |                          |              |      |            |
| Insurance Name         |                           |                          |              |      |            |
|                        |                           |                          |              |      |            |

#### **EDIT PROFILE**



Commit to your health.

**Update** – This saves the changes to the Profile and displays the Details Page

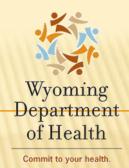
**Cancel** – This discards the changes and returns to the Profile Details page

**Notes** – This space is for free text notes used to communicate other information. This communication is saved in the profile and will be visible to all users.

These notes should pertain to the person's location/demo not the patient's disease/episode

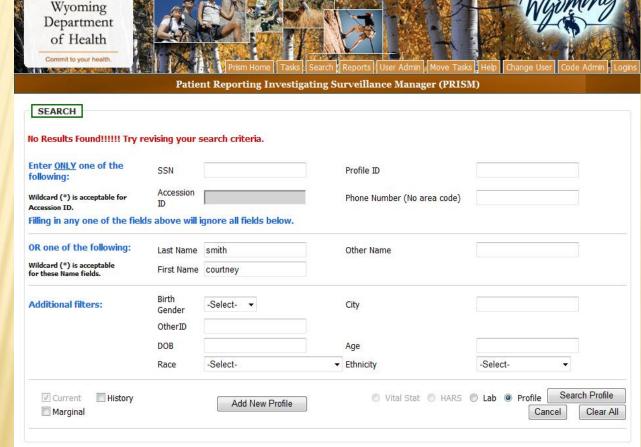
|                          |                        | Profile ID 28744              | Area HQ                |
|--------------------------|------------------------|-------------------------------|------------------------|
| Name                     |                        |                               | UPDATE CANCEL          |
| nter at least one of     | the following*:        |                               |                        |
| Last Name*               | Mouse                  | Middle Name                   |                        |
| First Name*              | Minnie                 | Prefix                        | -Select- ▼             |
| Other Name*              |                        | Suffix                        | -Select- ▼             |
| Locating Informat        | ion                    |                               |                        |
| he following fields *    |                        |                               |                        |
| Address 1                | 408 2nd St.            | County*                       | OOJ 🕶                  |
| Address 2                |                        | City*                         | walla walla            |
| State*                   | Washington ▼           | Zip Code                      |                        |
|                          |                        | Verify Address                |                        |
| Home Phone #             | 555 - 555 - 5555       | Other Phone #                 | x                      |
| -mail                    | minniemouse@disney.com |                               |                        |
|                          | 8/15/1980              | Date of Death<br>(mm/dd/yyyy) |                        |
| (mm/dd/yyyy)*            | 8/15/1980              |                               |                        |
| Age*                     | 31 Year(s) 🔻           | SSN*                          | mm/dd/yyyy             |
| The following fields * : | -                      | Marital Status                | -Select- ▼             |
| Birth Gender*            | Female ▼               | Self Reported Gender          | -Select- ▼             |
| Race*                    | Unknown ▼              | Ethnicity*                    | Unknown ▼              |
| Description              |                        |                               |                        |
| Height                   | Feet Inch(es)          | Weight                        | Pounds(lbs) Ounces(oz) |
| Size                     | -Select- ▼             | Build                         | -Select- ▼             |
| Complexion               | -Select- ▼             | Hair Length                   | -Select- ▼             |
| Hair Color               | -Select- ▼             | Hair Style                    | -Select- ▼             |
| Tattoos/Marks            |                        |                               |                        |
| Employer                 |                        |                               |                        |
| lame                     |                        |                               |                        |
| Address 1                |                        | City                          |                        |
| Address 2                |                        | Zip Code                      |                        |
| State                    | -Select- ▼             | Phone                         | x                      |
|                          |                        |                               |                        |

#### **ADD NEW PROFILE**

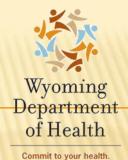


**SEARCH PROFILE** using search criteria is a required step to help ensure we don't clutter up the database with duplicates.

**Add New Profile** is now available.



### **ADD NEW PROFILE**

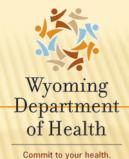


111111111

**Add New Profile** opens the Profile edit window with an ID of **New** until you click **Save** 

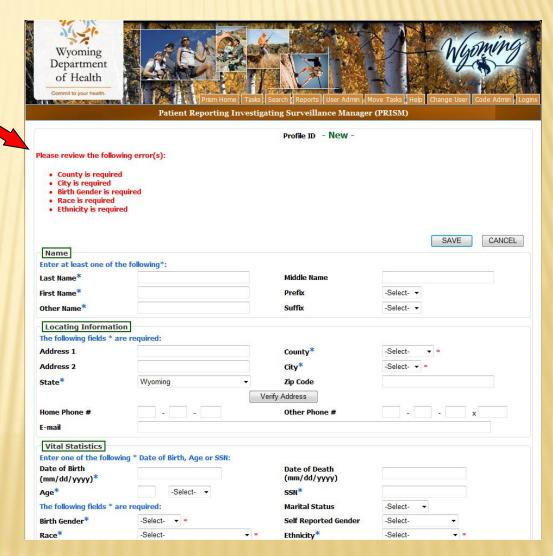
|                                                                                                                                                                                 | FISHT HOTHE   Tasks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Search Reports User Admin M                                                                           | love Tasks   Help   Change User   Code Admin   L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                                                                                                                                                                 | Patient Reporting Investiga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ting Surveillance Manager                                                                             | (PRISM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Profile ID - New -                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Name                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter at least one of                                                                                                                                                           | the following*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Last Name*                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Middle Name                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| First Name*                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prefix                                                                                                | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other Name*                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suffix                                                                                                | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Locating Informat                                                                                                                                                               | ion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The following fields *                                                                                                                                                          | are required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address 1                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County*                                                                                               | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Address 2                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City*                                                                                                 | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| State*                                                                                                                                                                          | Wyoming ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Zip Code                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Home Phone #                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Phone #                                                                                         | x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| E-mail                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | odici Filolic #                                                                                       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Vital Statistics  Enter one of the follow  Date of Birth  (mm/dd/yyyy)*                                                                                                         | wing * Date of Birth, Age or SSN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of Death<br>(mm/dd/yyyy)                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter one of the follow<br>Date of Birth<br>(mm/dd/yyyy)*                                                                                                                       | wing * Date of Birth, Age or SSN:  -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter one of the follow<br>Date of Birth<br>(mm/dd/yyyy)*<br>Age*                                                                                                               | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (mm/dd/yyyy)                                                                                          | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Enter one of the follow<br>Date of Birth                                                                                                                                        | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (mm/dd/yyyy)<br>SSN*                                                                                  | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| cnter one of the followate of Birth (mm/dd/yyyy)*  Age* The following fields *  Birth Gender*                                                                                   | -Select- ▼ are required:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (mm/dd/yyyy)<br>SSN*<br>Marital Status                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter one of the followate of Birth  mm/dd/yyyy)*  Age*  The following fields *  Birth Gender*  Race*                                                                           | -Select- ▼ are required: -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (mm/dd/yyyy)<br>SSN*<br>Marital Status<br>Self Reported Gender                                        | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| enter one of the followate of Birth mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description                                                                   | -Select- ▼ are required: -Select- ▼ -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*                                      | -Select- ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Enter one of the followate of Birth  Imm/dd/yyyy)*  Age*  The following fields *  Birth Gender*  Race*  Description  Height                                                     | -Select-  -Selec | (mm/dd/yyyy)<br>SSN*<br>Marital Status<br>Self Reported Gender                                        | -Select-  -Select-  Pounds(lbs)  Ounces(oz)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| cnter one of the followate of Birth (mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size                                                      | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build                        | -SelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| conter one of the followate of Birth  mm/dd/yyyy)*  Age*  The following fields *  Birth Gender*  Race*  Description  Height  Size  Complexion                                   | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*                                      | -SelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| center one of the followate of Birth (mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size Complexion                                          | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length            | Select- Select- Pounds(lbs) Ounces(oz) Select- |
| conter one of the followate of Birth mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size Complexion Hair Color                                | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length            | Select- Select- Pounds(lbs) Ounces(oz) Select- |
| Enter one of the followate of Birth (mm/dd/yyyy)* Age* The following fields* Birth Gender* Race*  Description Height Size Complexion Hair Color                                 | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length            | Select- Select- Pounds(lbs) Ounces(oz) Select- |
| Enter one of the followate of Birth (mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size Complexion Hair Color  Tattoos/Marks                 | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length            | Select- Select- Pounds(lbs) Ounces(oz) Select- |
| Enter one of the followate of Birth (mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size Complexion Hair Color  Tattoos/Marks  Employer       | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length Hair Style | Select- Select- Pounds(lbs) Ounces(oz) Select- |
| conter one of the followate of Birth (mm/dd/yyyy)* Age* The following fields * Birth Gender* Race*  Description Height Size Complexion Hair Color  Tattoos/Marks  Employer Vame | -Select-  -Selec | (mm/dd/yyyy) SSN* Marital Status Self Reported Gender Ethnicity*  Weight Build Hair Length            | -SelectSelect- Pounds(lbs) Ounces(oz) -SelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelectSelect-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

#### **NEW PROFILE**

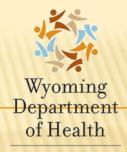


**Data Fields** are checked and any messages are displayed at the top.

Once completed, you can click **Update**. This will save the new Profile and display it in the Details Window.



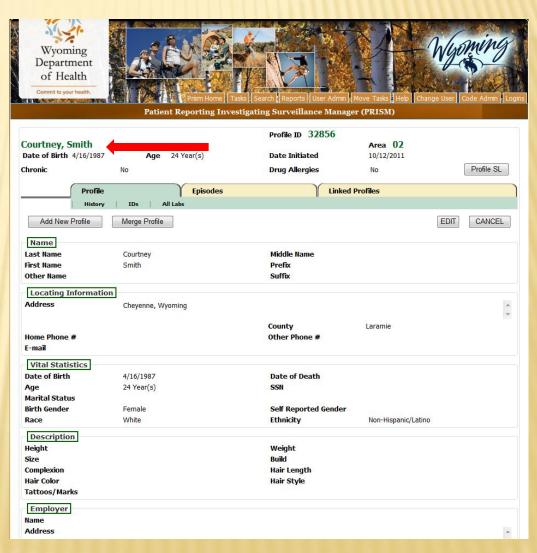
#### **NEW PROFILE**



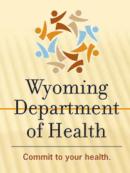
Commit to your health.

**Profile ID** is now filled in. Controls enable editing the Profile itself.

The patient's name and DOB are displayed at the top of the Profile







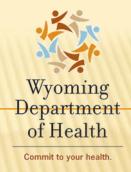
#### There should be only one Profile for any individual patient

- The Profile contains demographic and geographic information
- When updated, the history is kept
- Profiles can be merged if there is a duplicate record

#### PRISM operations begin with searching for a Profile

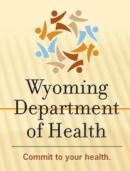
- A wild card can be used in name fields (\*)
- Select a Profile to view by clicking on the Profile ID
- Search can look at Profiles:
  - Current a Profile active in the system
  - History Current plus the history of updates (slower)
  - Marginal these are Profiles containing rudimentary information
- Create a new Profile if no matches are found

# **REVIEW QUESTIONS**

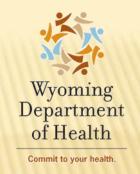


- 1. What happens when a person moves between areas?
- 2. What if a search brings up <u>pages</u> of results?
- 3. What is the History control for?
- 4. Is Sally Anne Sarah McCrory a valid name?
- 5. Is Valiant65 a valid *Other* name?
- 6. How do you follow a person's medical history?
- 7. Can you enter a new Profile from the Task list?
- 8. In a new Profile, what do you enter in a field if you do not know?
- 9. What number should you assign to a Profile ID?
- 10. What do you do if there are two Profiles for the same person?

#### **ANSWERS**

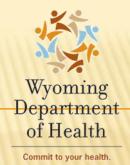


- 1. Since there is one Profile, update the person's address
- 2. Refine the search criteria and search again
- 3. It searches the current database and all history fields (slower results)
- 4. A first name cannot have spaces in it.
- 5. Other name can contain any kind of characters
- 6. By looking at the list of episodes
- 7. Add Profile is only available <u>after</u> a search to avoid duplicates
- 8. Leave data fields blank if you do not know
- 9. All Ids in the system are system generated. You cannot enter or change them
- 10. Contact Program staff to have this completed.



# PRISM FIELD RECORDS

Wyoming Department of Health STD Program 307-777-8939

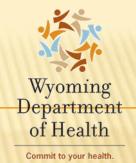


The purpose of this record is to collect and save treatment and diagnosis information, which is unique to a disease. The window allows the User to create, update and save a Field Record.

• It can be printed out for placement in the patient chart.

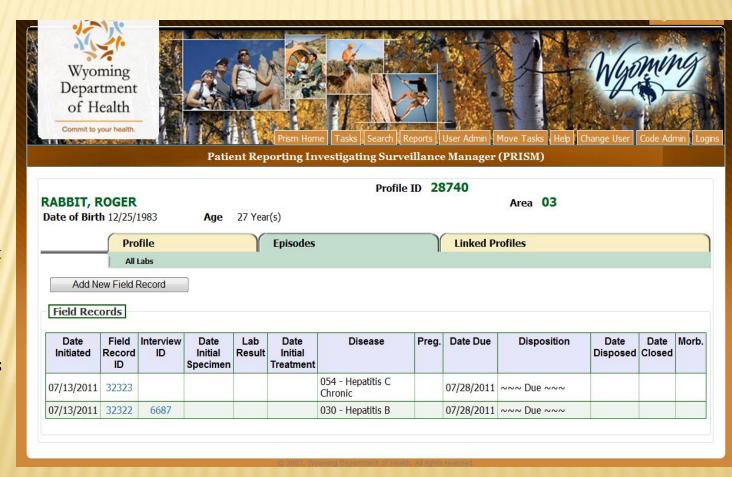
The Field Record is the specific information for a person's disease episode.

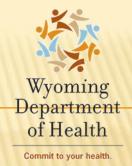
#### **EPISODES**



# Each time a person receives communicable disease service, an Episode is created (Includes: Positive test result, Preventive Treatment, EPT, TB screening, HIV Testing)

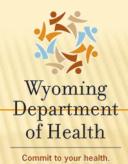
- •A Field Record is used to record the individual's diagnosis, treatment and disposition.
- Each disease will be contained in its own Field Record
- The Field Record must have a disposition within 2 weeks of screening/diagnosis
- Once the disposition is entered, the Field Record can be task completed to your area manager





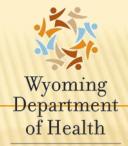
#### Each Field Record deals with a single disease

- Creation is triggered in a number of ways:
  - A positive Lab result is received
    - A search for a Profile is done either one is found or created
    - The user selects *Episodes* to see if there is an open Field Record for <u>this</u> <u>disease</u>
    - The user selects Add Lab to attach the lab record to the Field Record
  - A person is referred by another person's interview
    - A search for a Profile is done either one is found or created
    - If there is no Field Record open for *this disease* one is created
  - A paper Lab Result can have more than one positive result
    - If there is no open Field Record for this disease, create one
    - If there is an open one for this disease, attach it





Add a new Field Record from the Profile

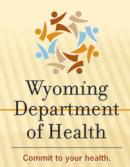


Commit to your health.

Disease/screening is a required field from a drop down list

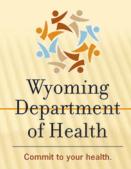


| Prof                               | ile Episod                                                                                                                                                          | es Y              | Linked Profiles              | Field Record                |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|-----------------------------|
|                                    |                                                                                                                                                                     |                   |                              | SAVE CANCEL                 |
| equired Entries*:                  |                                                                                                                                                                     |                   |                              |                             |
| isease*                            | -Select-                                                                                                                                                            | -                 | Initiating Area*             | HQ ▼                        |
| eferral Basis*                     | -Select-                                                                                                                                                            | _                 | Imported                     | Not an imported case   ▼    |
| nterview Only FR?                  | 030 - Hepatitis B<br>042 - Hepatitis D                                                                                                                              |                   | Notifiability                | -Select-                    |
| ocation Method                     | 051 - Hepatitis C Acute<br>053 - Hepatitis E                                                                                                                        |                   | носпарасу                    | -Collect-                   |
| ntering one field in               | 054 - Hepatitis C Chronic<br>070 - Hepatitis A                                                                                                                      |                   | ock:                         |                             |
| isposition Code                    | 100 - Chancroid                                                                                                                                                     |                   | Disposition Date             |                             |
| isposition Entity                  | 200 - Chlamydia<br>220 - Chlamydial Ophthalm<br>300 - Gonorrhea                                                                                                     | ia Neonatorum     | Dispositioned By             |                             |
| nsurance Scanned                   | 320 - Gonorrheal Ophthalm<br>350 - Gonorrhea - Resistan                                                                                                             | t 🕍               | Outbreak                     | -Select- ▼                  |
| Female Specific                    | 400 - Nongonococcal Ureth<br>410 - Pediculosis - Pubic L<br>420 - Scabies                                                                                           | ritis (NGU)       | Pelvic Inflamatory           | -Select- ▼                  |
| Pregnant                           | 450 - Mucopurulent Cervicit                                                                                                                                         |                   | Disease(PID)                 | -Select-                    |
| Symptoms                           | 460 - Bacterial Vaginosis (E                                                                                                                                        | 3V)               |                              |                             |
|                                    | 470 - Trichomoniasis<br>480 - Candidiasis                                                                                                                           |                   | Onset Date                   |                             |
| Symptoms                           | 490 - Pelvic Infammatory Di                                                                                                                                         |                   | (mm/dd/yyyy)                 |                             |
| Duration                           | 500 - Granuloma Inguinale (<br>600 - Lymphogranuloma Ve<br>700 - Syphilis<br>710 - Syphilis - Primary<br>720 - Syphilis - Secondary<br>730 - Syphilis - Early Laten | enereum (LGV)     |                              | Add Symptoms Clear          |
| Duovidou / Tuonte                  | 740 - Syphilis - Larry Later<br>740 - Syphilis - Unknown Li<br>745 - Syphilis - Late Latent<br>750 - Syphilis - Cardiovascu                                         | atent             |                              |                             |
|                                    |                                                                                                                                                                     |                   |                              |                             |
| Provider County 1                  | 00J <b>▼</b>                                                                                                                                                        |                   | Provider Type 1              | -Select- ▼                  |
| Provider Name 1                    |                                                                                                                                                                     |                   | Provider Phone 1             |                             |
|                                    | e Provider County, Provider Type, P<br>ime list. Wild card of * is allowed fo                                                                                       |                   | ler                          | Fill Provider List          |
| Test/Treatment<br>Provider Name    | -Select-                                                                                                                                                            |                   |                              | •                           |
| Provider Exam Date<br>(mm/dd/yyyy) |                                                                                                                                                                     |                   | Date Treated<br>(mm/dd/yyyy) |                             |
| Freatment*                         | -Select- ▼                                                                                                                                                          |                   |                              |                             |
| If you enter a Trea                | atment, you must enter a                                                                                                                                            | Provider Name and | Date Treated.                | Add Provider/Treatment Clea |
|                                    |                                                                                                                                                                     |                   |                              |                             |
|                                    |                                                                                                                                                                     |                   |                              |                             |



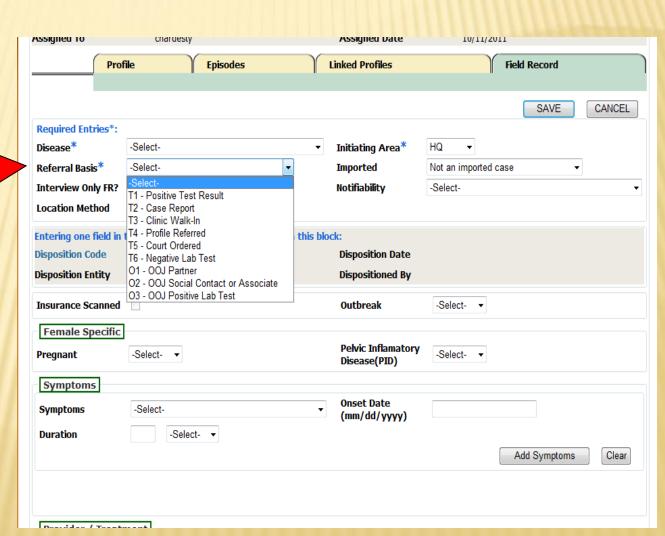
The initiating Area is automatically set to the Area the person entering the record is assigned to.

|                       |                                      |                                    | SAVE                    |
|-----------------------|--------------------------------------|------------------------------------|-------------------------|
| Required Entries*:    |                                      |                                    |                         |
| Disease*              | -Select-                             |                                    | HQ 🔻                    |
| Referral Basis*       | -Select-                             |                                    | Select-<br>orted case ▼ |
| Interview Only FR?    | -Select- ▼                           | Notifiability 0                    | )2                      |
| Location Method       | -Select- ▼                           |                                    | 03<br>HQ                |
| Entering one field in | this block requires entry for all fi | elds in this block:                |                         |
| Disposition Code      | <b>*</b>                             | Disposition Date                   |                         |
| Disposition Entity    | -Select- ▼                           | Dispositioned By                   |                         |
| Insurance Scanned     |                                      | Outbreak                           | -Select- ▼              |
| Female Specific       |                                      |                                    |                         |
| Pregnant              | -Select- ▼                           | Pelvic Inflamatory<br>Disease(PID) | -Select- ▼              |
| Symptoms              |                                      |                                    |                         |
| Symptoms              | -Select-                             | Onset Date                         |                         |
| Duration              | -Select- ▼                           | (mm/dd/yyyy)                       |                         |
| Daración              | Coloci                               |                                    | Add Symptoms Clear      |
|                       |                                      |                                    |                         |
|                       |                                      |                                    |                         |
|                       |                                      |                                    |                         |
| Provider / Treati     | ment                                 |                                    |                         |
| Provider County 1     | OOJ ▼                                | Provider Type 1 -Se                | elect-                  |
| Provider Name 1       |                                      | Provider Phone 1                   |                         |

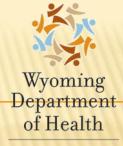


Select the Referral Basis from the drop down

OOJ example: OOJ
Partner-An individual
in Montana tests
positive for Chlamydia
who lists a partner who
lives in Wyoming.



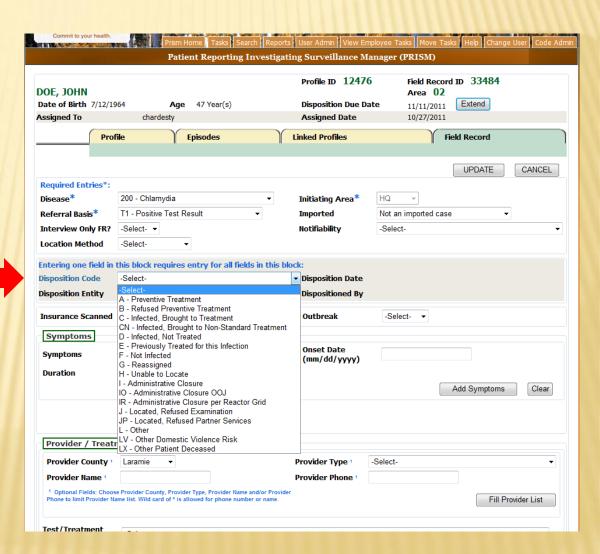
#### **DISPOSITION CODES**



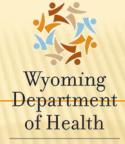
Commit to your health.

Disposition codes indicate the status of the individual for the specific disease episode.

If the individual has a positive lab test and receives treatment, the disposition code will be **C**: Infected, Brought to Treatment



#### **DISPOSITION CODES**



Commit to your health

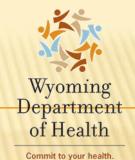
If an individual has a T4-Profile Referred referral basis, some common disposition codes are

- •A: Preventive Treatment (EPT)
- •**B**: Refused Preventive Treatment (Patient was notified and did not want to get testing/treatment)
- H:Unable to Locate (patient was not notified)

|                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Profile ID 1247                                       |                        | Record ID 33484 |       |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------|-----------------|-------|
| DOE, JOHN                                                                            | 064                                                                                                                                                                                                                                                                                                                      | 47.1//-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Diiti D D                                             | Area                   | (= · · ·        |       |
| Date of Birth 7/12/19<br>Assigned To                                                 | 964 <b>Ag</b><br>chardestv                                                                                                                                                                                                                                                                                               | e 47 Year(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Disposition Due Da<br>Assigned Date                   | ate 11/11/2<br>10/27/2 | 2011            |       |
|                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                       | 10/27/                 |                 |       |
| Pro                                                                                  | file                                                                                                                                                                                                                                                                                                                     | Episodes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Linked Profiles                                       |                        | Field Record    |       |
|                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                       |                        |                 |       |
|                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                       |                        | UPDATE          | CANCE |
| Required Entries*: Disease*                                                          | 200 - Chlamydia                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                               | Initiating Area*                                      | HQ ▼                   |                 |       |
| Disease                                                                              | T4 - Profile Referre                                                                                                                                                                                                                                                                                                     | od.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Imported                                              | Not an imported        | d case 🔻        |       |
| Interview Only FR?                                                                   | -Select- ▼                                                                                                                                                                                                                                                                                                               | eu .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                               | Notifiability                                         | -Select-               | u case .        |       |
| Location Method                                                                      | -Select-                                                                                                                                                                                                                                                                                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | носпарысу                                             | -Ociect-               |                 |       |
| Disposition Code                                                                     | -Select-                                                                                                                                                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | elds in this bl                 | Disposition Date                                      |                        |                 |       |
| Entering one field in<br>Disposition Code<br>Disposition Entity<br>Insurance Scanned | -Select-<br>-Select-<br>A - Preventive Trea<br>B - Refused Prever<br>C - Infected, Broug                                                                                                                                                                                                                                 | atment<br>ntive Treatment<br>ght to Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Disposition Date                                      | -Select- ▼             |                 |       |
| Disposition Code Disposition Entity Insurance Scanned                                | -Select-<br>-Select-<br>A - Preventive Trea<br>B - Refused Prevel<br>C - Infected, Broug<br>CN - Infected, Broug                                                                                                                                                                                                         | atment<br>ntive Treatment<br>ght to Treatment<br>ught to Non-Standa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Disposition Date                                      | -Select- ▼             |                 |       |
| Disposition Code Disposition Entity                                                  | -Select-<br>Select-<br>A - Preventive Trea<br>B - Refused Prever<br>C - Infected, Brou<br>CN - Infected, Brou<br>D - Infected, Not T<br>E - Previously Trea<br>F - Not Infected                                                                                                                                          | atment<br>ntive Treatment<br>ght to Treatment<br>ught to Non-Standa<br>reated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ard Treatment                   | Disposition Date                                      | -Select- ▼             |                 |       |
| Disposition Code Disposition Entity Insurance Scanned Symptoms                       | -Select- Select- A - Preventive Trea B - Refused Prevei C - Infected, Broug CN - Infected, Broug D - Infected, Not T E - Previously Trea F - Not Infected G - Reassigned H - Unable to Loca I - Administrative C IO - Administrative                                                                                     | atment Intive Treatment Intive Treatment Ught to Non-Standa reated ated for this Infection Intelligible Items Intelligible Items Ite | ard Treatment                   | Disposition Date Dispositioned By Outbreak Onset Date | -Select- ▼             | Add Symptoms    | Clear |
| Disposition Code Disposition Entity Insurance Scanned Symptoms Symptoms              | -Select- Select- A - Preventive Trea B - Refused Preven C - Infected, Broug CN - Infected, Broug D - Infected, Not T E - Previously Trea F - Not Infected G - Reassigned H - Unable to Loca I - Administrative C                                                                                                         | atment Intive Treatment | ard Treatment<br>on<br>tor Grid | Disposition Date Dispositioned By Outbreak Onset Date | -Select- ▼             | Add Symptoms    | Clear |
| Disposition Code Disposition Entity Insurance Scanned Symptoms Symptoms              | -Select- Select- A - Preventive Trea B - Refused Preven C - Infected, Brou CN - Infected, Brou D - Infected, Not Ti E - Previously Tree F - Not Infected G - Reassigned H - Unable to Loca I - Administrative IO - Administrative JR - Administrative J - Located, Refus JP - Located, Refus L - Other LV - Other Domes' | atment Intive Treatment Intive Treatment Ught to Non-Standa reated ated for this Infection ate Closure Closure OOJ Closure per React ed Examination used Partner Servic tic Violence Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ard Treatment<br>on<br>tor Grid | Disposition Date Dispositioned By Outbreak Onset Date | -Select- ▼             | Add Symptoms    | Clear |
| Disposition Code Disposition Entity Insurance Scanned Symptoms Symptoms Duration     | -Select- Select- A - Preventive Trea B - Refused Preven C - Infected, Broug CN - Infected, Broug CN - Infected, Broug E - Previously Trea F - Not Infected G - Reassigned H - Unable to Loca I - Administrative IO - Administrative J - Located, Refus JP - Located, Refus L - Other LV - Other Domesi                   | atment Intive Treatment Intive Treatment Ught to Non-Standa reated ated for this Infection ate Closure Closure OOJ Closure per React ed Examination used Partner Servic tic Violence Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ard Treatment<br>on<br>tor Grid | Disposition Date Dispositioned By Outbreak Onset Date | -Select-               | Add Symptoms    | Clear |

#### **DISPOSITION CODES**

- \* A- Preventive Treatment (to be used on patients that were treated but *did not* have a test conducted or they have a negative result but received treatment)
- **C- Infected Brought to Treatment** (for *ALL* patients with a positive laboratory reported, regardless if they were treated before or after receiving test results)
- D- Infected Not Treated (for patients with a positive laboratory reported who did not return to the clinic for treatment)
- **F-Not Infected** (for partners not treated who have a negative laboratory report)
- **H-Unable to Locate** (for partners who we are unable to contact)



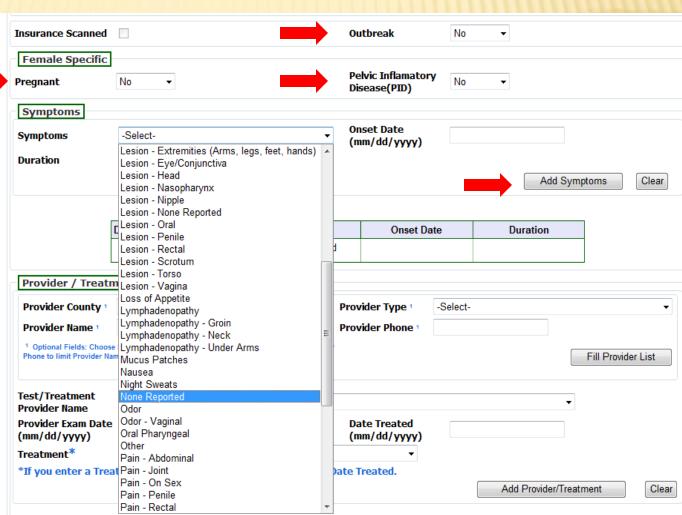
Outbreak Status,
Pregnancy and PID
status (if female) need to
be filled out

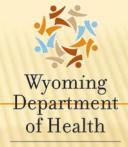
Symptoms need to be added.

If the patient had no symptoms select "None reported" from the drop down menu.

Once you have selected the symptom, click Add Symptoms

\*You may add as many symptoms as needed





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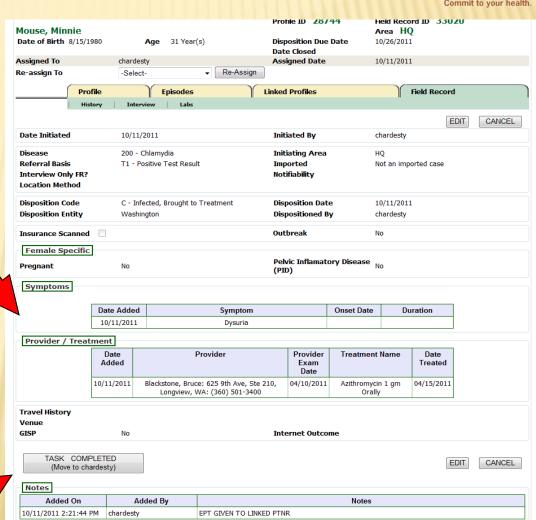
In this case, the Field Record is for a Chlamydia

Add the provider, exam date, treatment, and treatment date

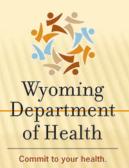
If the provider information is incorrect contact WDH

Click Save to store this record.

Clicking *Complete Task* without a Disposition code will remove this from this task list and enter it on the area manager's task list to be reviewed and morbidity reported to CDC



#### TASK LIST



Here is a partial task list for the Area Manager

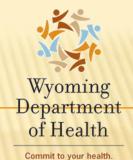
At the top of the Task List are any tasks assigned to this user.

Because she has HQ access, she can see all users and assignable tasks.

The area manager and HQ can see your activities/tasks



#### TASK LIST ENTRIES



This shows field records assigned to this user

Field Record ID

Different colors mean different things for field records on the task list.



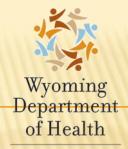
- •Green-New
- •Blue-Coming due in 5 days
- •Red-

Due/Overdue



Clicking on the Field Record ID from the task list causes the record to open.

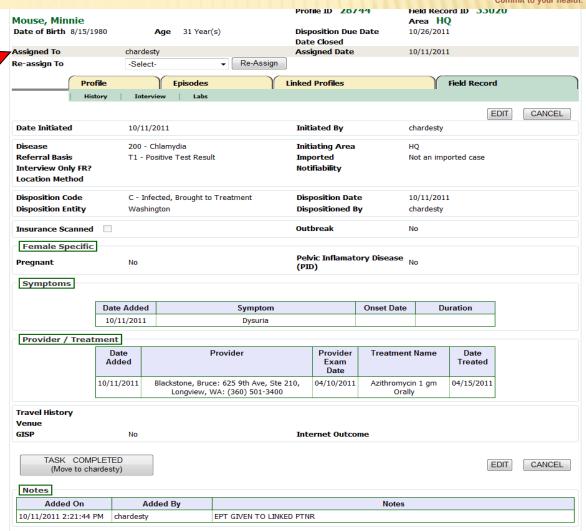
#### FIELD RECORDS



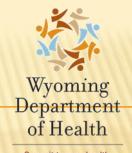
Commit to your health.

If the field record is not assigned to you- changes can not be made.

If you need to make changes please contact your regional **Epidemiologist** to reassign the patient.

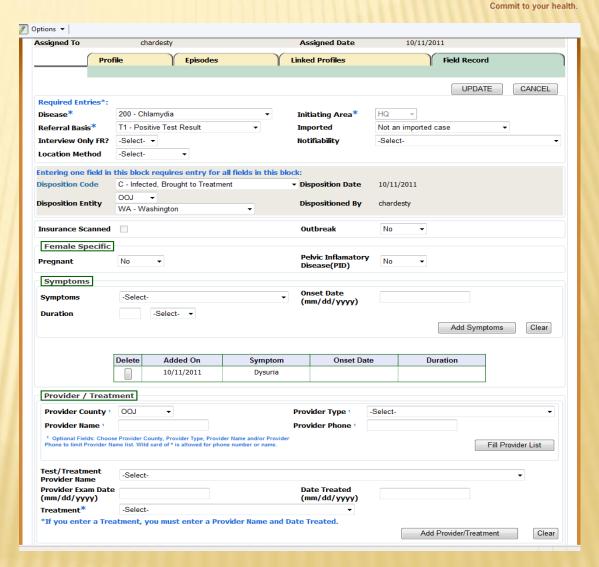


#### FIELD RECORDS



The Field Record Edit page allows users to update fields as necessary

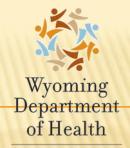
For example: A user may need to change a patients status from a profile referred with preventive treatment to positive lab test result.



#### FIELD RECORD HISTORY

**Profile** 

**Episodes** 



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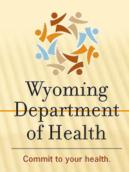
Field Record

History shows changes made to this Field Record.

All Labs Field Name Recorded On/By **Old Value New Value** 2011-10-11 14:25:28 6689 Interview ID chardesty 2011-10-11 14:21:44 Pregnant? No chardesty 2011-10-11 14:21:44 PID? No chardesty 2011-10-11 14:21:44 Disposition C - Infected, Brought to Treatment chardesty User Who Dispositioned 2011-10-11 14:21:44 chardestv chardesty 2011-10-11 14:21:44 Disposition Date 2011-10-11 chardestv 2011-10-11 14:21:44 Disposition County 001 chardesty 2011-10-11 14:21:44 Washington Disposition Entity for OOJ chardesty 2011-10-11 14:21:44 Where record originated Not an imported case chardesty 2011-10-11 14:21:43 County Reported To CDC OOJ chardestv 2011-10-11 14:21:43 County Reported To CDC OOJ chardestv 2011-10-11 14:21:43 County Reported To CDC 001 chardesty 2011-10-11 14:19:24 Field Record ID 33020 chardesty 2011-10-11 14:19:24 Profile ID 28744 chardesty 2011-10-11 14:19:24 User Assigned To chardesty chardesty 2011-10-11 14:19:24 Assigned Date 2011-10-11 chardesty 2011-10-11 14:19:24 Disposition Due Date 2011-10-26 chardesty 2011-10-11 14:19:24 200 - Chlamydia Disease chardesty 2011-10-11 14:19:24 Initiating Area HO chardesty 2011-10-11 14:19:24 Referral Basis Positive Test Result chardesty Gonococcal Isolate 2011-10-11 14:19:24 No Surveillance Project? chardesty

**Linked Profiles** 



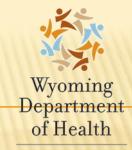


#### Clicking Labs shows lab records (if any)



Click Add Lab to enter a new lab result

#### FIELD RECORDS



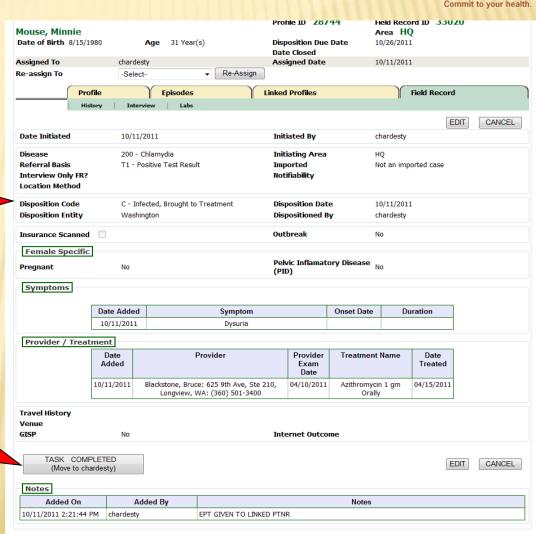
Commit to your health.

This is completed as far as this user is concerned

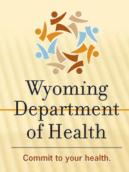
There is a disposition code

Click Task Completed to remove it from this user's task list

Task Completing a field record will remove the record from your list and move it to the Area Manger's List



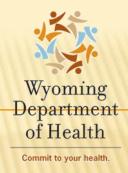




#### Field Records are the main units of work for Field Users

- The Field Records are attached to the Profile of a given person
  - •There can be multiple Field Records for concurrent infections
  - •There can only be one open Field Record per disease at a time
- The collection of Field Records form the patient history
- From a Field Record, the User can create an Interview (to be discussed in training B)
- Complete Task operations depend on what the user's role is and what has been done
- Field Records move between task lists
  - •They have a due date that may be extended by WDH staff
  - They may be reassigned if you have the privilege
- •Once closed, the Field Record is no longer able to be updated
  - Closer determines whether it is morbidity or not
  - •The user doing the edits cannot close (except for Area Manager)

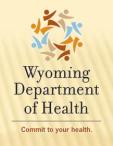
## **REVIEW QUESTIONS**



- 1. When is an episode created?
- 2. How do you open a Field Record?
- 3. Who can reassign a Field Record?
- 4. If someone has both positive Chlamydia and Gonorrhea tests how many field records will the person have?
- 5. An "A" disposition should be used only for clients that?

#### **ANSWERS**

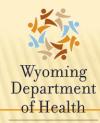
- 1. Positive Lab, during linking of partner (Interview: discussed in training B)
- 2. Click on Field Record ID number.
- 3. "Headquarters" Regional Managers (Tai, Courtney)
- 4. 2
- 5. Partners to known positives (treated not tested)



# Interview Records & Linking Profiles

Wyoming Department of Health PRISM Help Desk 307-777-7953

## **Task List**



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#### A task list can include:

- Field Records
- Interviews
- Labs
- Maternal Records
- Congenital Records

Access the Field Record via its ID

Access the other records via their links

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|-------|----------------------|-----------------|-----------------------|-----|----------------------------|-----------------------------|----------------------|---------------------|----------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|------------------------|--------------|----------------------|-----|
| S.    | Comr                 | mit to your hea | alth.                 |     | Prism H                    | lome Tasks                  | Search               | Reports             | User Admin     | View Emp  | loyee Task                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s Move Tasks         | Help  | Change                 | User         | Code Adr             | min |
|       |                      |                 |                       |     | Patie                      | nt Repor                    | ting Inve            | stigating           | Surveill       | ance Mai  | nager (P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RISM)                |       |                        |              |                      |     |
|       |                      |                 |                       |     |                            |                             |                      |                     |                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       |                        |              |                      |     |
| Welco | ome c                | hardesty        |                       |     |                            |                             |                      |                     |                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       | Re                     | set Tasl     | kList                |     |
| Newl  | y Rec                | eived in t      | the last 2            | day | s Insur                    | ance Scan                   | ned Cor              | ning Due i          | n 5 days       | Due/Ove   | erdue - To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | otal of 15 day       | ys    |                        |              |                      |     |
|       |                      |                 |                       |     |                            |                             |                      | Field I             | Record         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       |                        |              |                      |     |
| Area  | ST                   | Profile ID      | Field<br>Record<br>ID | i   | Na                         | ame                         | Diseas               | e Or                | dering Pro     | vider     | Dispositi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on Scanned           | Preg. | Age                    | Date         | e Due                | V   |
| 02    | WY                   | 12476           | 33484                 | D   | OE, JOHN                   |                             | 200                  |                     |                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       | 47 Yea<br>(s)          | r<br>11/1    | 1/2011               | x   |
| Newl  | y Rec                | 'al             | a last 2              | day | Comi                       | ng Due in 7                 | days                 | ue/Overd            | lue - Total    | of 48 day | 'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |       |                        |              |                      |     |
|       |                      |                 |                       |     |                            |                             |                      | Inte                | rview          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       |                        |              |                      |     |
| Area  | Pr                   | ofile ID        |                       |     | Nan                        | пе                          |                      |                     | Intervie       | w Type    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Initiated       | Preg. | Age                    | Dat          | te Due               | ٧   |
| 03    | 03 29666 WHITE, SNOW |                 |                       |     |                            | Original (200) 10/26/2011 N |                      |                     |                |           | 23 Ye<br>(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23 Year<br>(s) 12/13 |       | х                      |              |                      |     |
|       |                      |                 |                       |     |                            |                             |                      | Sum                 | mary           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |       |                        |              |                      |     |
|       | Area                 | / User          | Fie<br>Rec            | ord | Field<br>Record<br>Overdue | Interview                   | Interview<br>Overdue | Lab                 | Lab<br>Overdue | Maternal  | Maternal<br>Overdue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                    | Conge |                        | QA<br>Review | QA<br>Revie<br>Overd |     |
|       | 01                   |                 |                       |     | 0                          | 0                           | 0                    | 0                   | 0              | 1         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                    | 0     |                        | 0            | 0                    |     |
|       |                      | 02              | 52                    | 2   | 51                         | 11                          | 2                    | 3                   | 3              | 49        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                    | 0     |                        | 0            | 0                    |     |
|       |                      | 03              | 53                    |     | 53                         | 9                           | 1                    | 11                  | 11             | 4         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                    | 0     |                        | 0            | 0                    |     |

### **Interview Record**

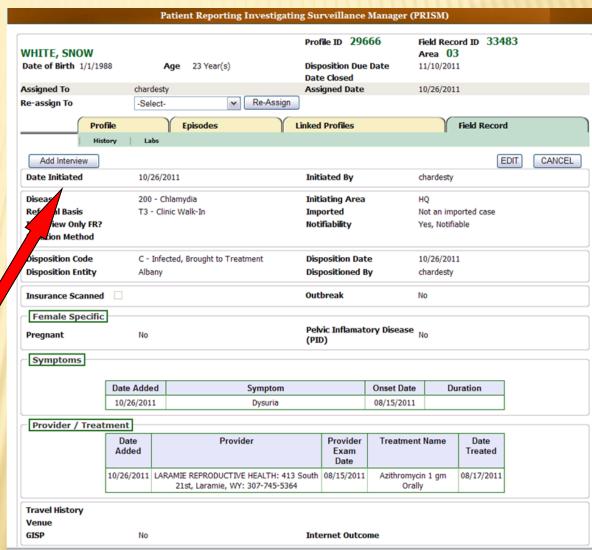


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The Interview is used in the field to discover and document information concerning sources and spreads of infection

In the **PRISM** system, the interview record serves as the method of <u>linking</u> one person to another via their Profiles.

From an existing Field Record, we can *Add Interview* 



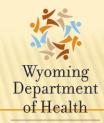


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Fill out the information as completely as possible

ration, reporting investigating our ventance manager (Friend) Interview ID - New Interview -Profile ID 29666 WHITE, SNOW Area 03 Date of Birth 1/1/1988 Age 23 Year(s) Assigned To chardesty **Assigned Date** 10/26/2011 **Linked Profiles Episodes** Field Record **Profile** Interview SAVE CANCEL Required Entries\*: **Interview Type** Original ~ First Date Interviewed First Interviewed By\* 03: twright \* 08/15/2011 (mm/dd/yyyy) Date Re-Interviewed Re-Interviewed By\* -Select-(mm/dd/yyyy) ~ Day(s) Where Interviewed Clinic **Interview Period Detection Method** Self-referred ~ Referral Service 02 - STD Clinic ~ # of Sex Partners # of Needle Partners # of Sex & Needle **Partners** HIV Section Notes - Add SAVE CANCEL

HIV section is REQUIRED!

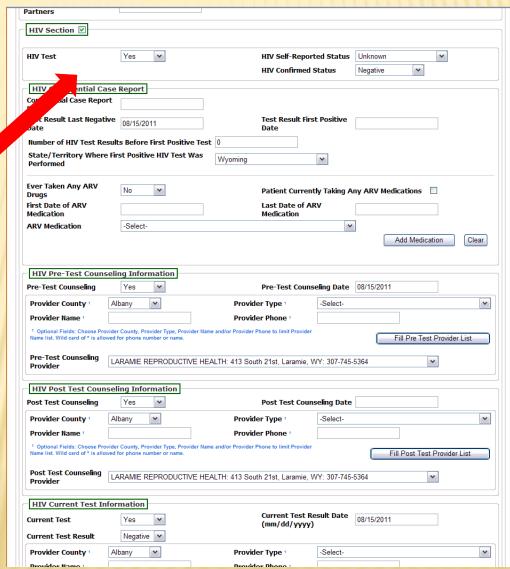


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HIV Section ✓ Once the HIV section

has been selected additional fields are available to be filled out.

- •HIV Test & HIV Self-Reported Status and HIV confirmed status are REQUIRED FIELDS
- Complete Section based off of person's reported history
- Don't forget to CLICK SAVE!



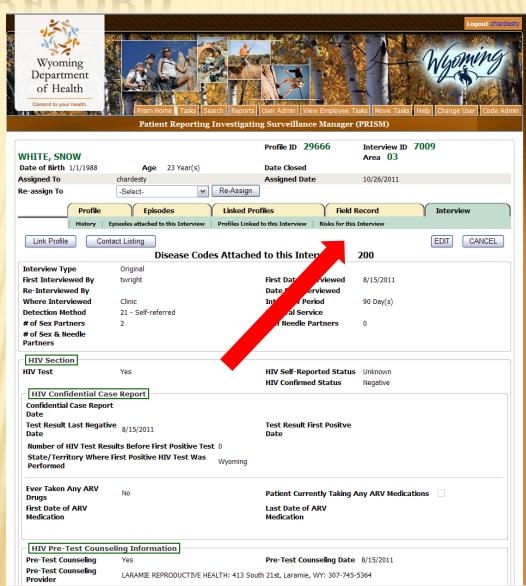


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After the HIV Section has been completed and you have clicked SAVE:

click on
"Risks for this
Interview"

\*This is a REQUIRED Section





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Once "Risks for this Interview" has been selected

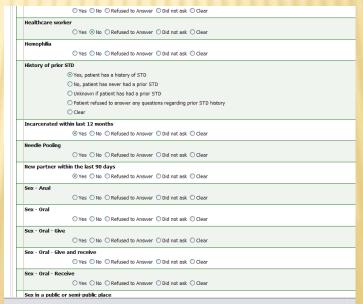
→Click Add Risks

Additional fields are revealed

•Fill out patient's reported risks

→ Click SAVE





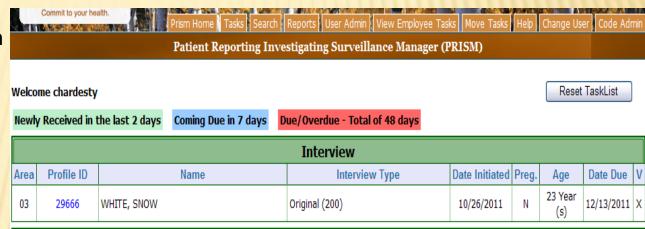
### **Interview Record**



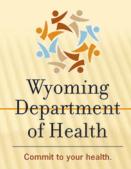
The Interview record can remain open after the Field Record that created it has been dispositioned and closed

Keeping an interview active allows you to link Profiles in cases of:

- Outbreak investigation
- Pregnancy where the mother was treated, and her Field Record closed and a maternal record is open
- •Linked contact's field records are still open and needing additional information such as:
  - Treatment, lab results, risks, etc.



| Summary     |                 |                            |           |                      |     |                |    |                     |            |                       |              |                         |
|-------------|-----------------|----------------------------|-----------|----------------------|-----|----------------|----|---------------------|------------|-----------------------|--------------|-------------------------|
| Area / User | Field<br>Record | Field<br>Record<br>Overdue | Interview | Interview<br>Overdue | Lab | Lab<br>Overdue |    | Maternal<br>Overdue | Congenital | Congenital<br>Overdue | QA<br>Review | QA<br>Review<br>Overdue |
| 01          | 0               | 0                          | 0         | 0                    | 0   | 0              | 1  | 0                   | 0          | 0                     | 0            | 0                       |
| 02          | 52              | 51                         | 11        | 2                    | 3   | 3              | 49 | 1                   | 0          | 0                     | 0            | 0                       |
| 03          | 53              | 53                         | 9         | 1                    | 11  | 11             | 4  | 0                   | 0          | 0                     | 0            | 0                       |



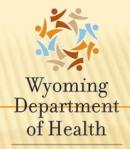
Linking Profiles is a way to describe relationships and enhance the quality of service by:

- Tracking sex partners
- Tracking preventive treatment
- Tracking needle partners
- Tracking contacts





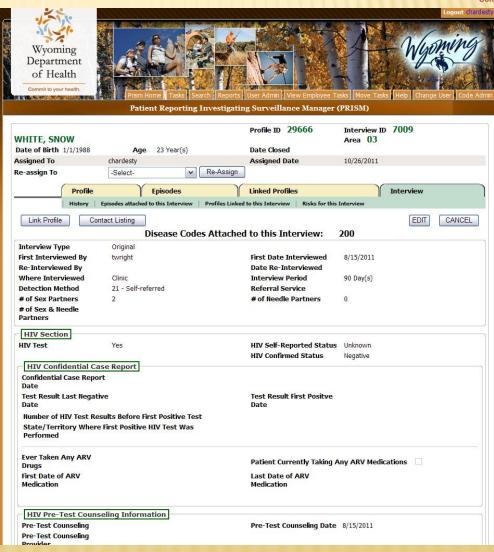


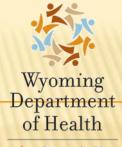


Commit to your health.

After the interview has been saved you can now link the profile.

\* The Interview record is the only place to *Link* a profile





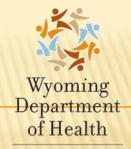
Search to see if the partner(s) is already in PRISM

Use the wild card\* in the namefields for allsearches.

If the partner is not already in PRISM you will have to create a profile

In this case he is!

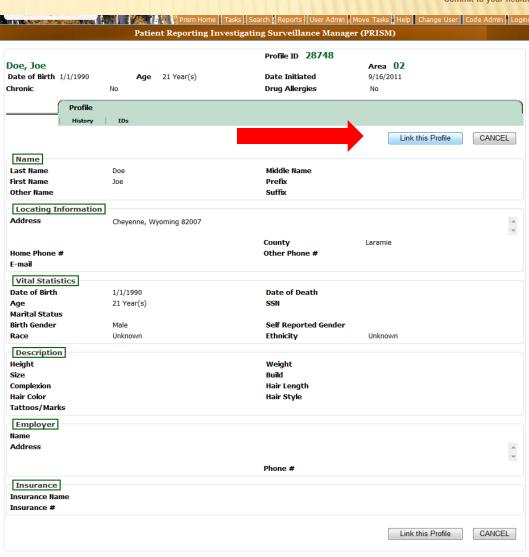
|                                                      | Patie            | nt Repor   | ting Investigatiı | ng Surveillar | nce Manager (P     | RISM)       |           |             |
|------------------------------------------------------|------------------|------------|-------------------|---------------|--------------------|-------------|-----------|-------------|
| SEARCH                                               |                  |            |                   |               |                    |             |           |             |
| Enter <u>ONLY</u> one of the following:              | SSN              |            |                   | Profile I     | D                  |             |           |             |
| Wildcard (*) is acceptable for ssion ID.             | Accession<br>ID  |            |                   | Phone N       | lumber (No area co | ode)        |           |             |
| Filling one of the fie                               | ds above will    | ignore all | fields below.     |               |                    |             |           |             |
| OR one of the follows                                | Last Name        | DOE*       |                   | Other N       | ame                |             |           |             |
| Wildcard (*) is acceptable<br>for these Name fields. | First Name       | JOE*       |                   |               |                    |             |           |             |
| Additional filters:                                  | Birth -Select- 🕶 |            |                   | City          |                    |             |           |             |
|                                                      | OtherID          |            |                   |               |                    |             |           |             |
|                                                      | DOB              |            |                   | Age           |                    |             |           |             |
|                                                      | Race             | -Select-   |                   | Ethnicity     | 1                  | -Select-    |           | <b>v</b>    |
| ✓ Current  History                                   |                  |            |                   | C             | ) Vital Stat ○ HA  | ARS O Lab 🧿 | Profile S | Search Prof |
| Marginal                                             |                  |            |                   |               |                    |             | Cancel    | Clear       |
| Profile ID Last Na                                   | me Firs          | t Name     | Other Name        | Gender        | DOB / Age          | City        | County    | Race        |
| 2001110                                              | 7                |            | 2000              |               |                    | 2,          |           |             |

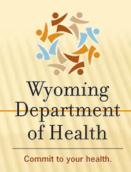


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Open the profile, verify it is the correct person, and click *Link this Profile* 

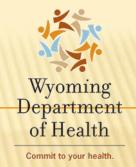
\*You can link as many partners to one person as the patient reports.



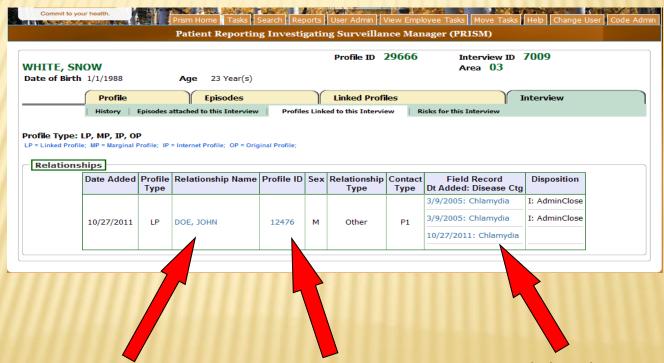


Fill out the information regarding the relationship of the individuals you are linking and Save.

|                                    |                    | tigating Surveillance Manager                 |                                                  |
|------------------------------------|--------------------|-----------------------------------------------|--------------------------------------------------|
| VHITE, SNOW Date of Birth 1/1/1988 | Age 23 Year(s)     | Profile ID 29666                              | Interview ID 7009<br>Area 03                     |
| Profile                            | Episodes Lin       | ked Profiles Inte                             | rview Relationship                               |
|                                    |                    |                                               | SAVE CANCEL                                      |
| Linked To                          |                    |                                               |                                                  |
| Name                               | DOE, JOHN          | Profile ID                                    | 12476                                            |
| Date Of Birth                      | 7/12/1964          | Gender                                        | M                                                |
| Relationship                       |                    |                                               |                                                  |
| Required Entries*:                 |                    |                                               |                                                  |
| •                                  |                    | *                                             |                                                  |
| Relationship Type*                 | Other 💙            | Contact Type*                                 | -Select-                                         |
| First Exposure Date                |                    | Last Exposure Date                            | -Select-<br>P1 - Sex Partner                     |
| (mm/dd/yyyy)                       |                    | (mm/dd/yyyy)                                  | P2 - Needle Share                                |
| Frequency                          | time(s) a -Select- | Date Notified Of HIV                          | D2 Say and Moodle                                |
| un ( p d N-tiG-ti                  |                    | Exposure (mm/dd/yyyy) HIV Actual Notification | ART - Person with Symptoms                       |
| HIV Proposed Notification<br>Plan  | -Select-           | Plan                                          | AR2 - Undisclosed Partner<br>AR3 - Other at Risk |
|                                    |                    |                                               | SAVE CANCEL                                      |



The linked individual now appears under "Linked Profiles" of the original patient. The original patient will also appear under the linked profile as well.

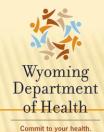


Clicking here opens the relationship

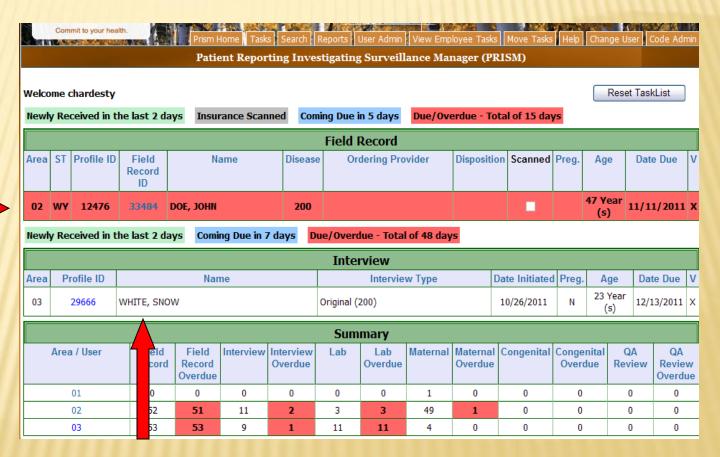
Clicking here opens the linked person's Profile

Clicking here opens the Field Record

## **Linking Profiles**

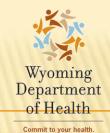


Returning to the task list we see the identified partner now has a Field Record, based on the disease the person interviewed had.



Even though the Field Record is closed, the interview is left open in the event additional partners need to be added.

# **Linking Profiles**



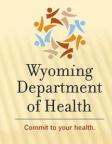
Outbreak Insurance Scanned **Provider / Treatment** Provider Provider **Treatment Name** Date Date Added Exam Treated Date 10/28/2011 LARAMIE REPRODUCTIVE HEALTH: 413 South | 08/22/2011 Azithromycin 1 gm 08/22/2011 21st, Laramie, WY: 307-745-5364 Orally Travel History Venue GISP No Internet Outcome TASK COMPLETED EDIT CANCEL (Move to csmith1) Notes Added On Added By Notes 10/28/2011 3:26:07 PM chardesty PT WAS A CONTACT TO KNOWN POSTIVE CT CASE, PREVENTIVE TX WAS PROVIDED. PT WAS SCREENED- RESULTS PENDING.

Task Complete to move this to the Area Manager's task list

Don't forget to *Task Complete-* all
contacts, original
patients and the
interviews once
completed!

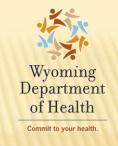
Use Notes to pass information and correspondence to the Area Manager

## Summary



- 1. Interview records capture and store information discovered in the course of an investigation
- 2. Interview records document risk behavior as well as provide a vehicle to link people via their Profiles
- 3. The interview record can remain open after the field record it was created from has been closed
- 4. The interview remains on the assigned person's task list until it has been *task completed* to the Area Manager for review and closure.
- 5. Profiles are linked to describe relationships and enhance quality of services.
- 6. From the Profiles linked to a given person, we can determine patterns and sources of infection
- 7. Keep in mind, you may have to *create a new profile* if the partner is not already in PRISM

## **Review Questions**



- 1. Where does an assigned user document risk behaviors?
  - A. Profile
  - B. Interview Record
  - C. Field Record
  - D. Notes
- 2. Why does *link profile* open the search screen? A search must be done for the partner within PRISM prior to creating a new profile.
- 3. What does OP mean in the Profile Type?
  - A. Operating Procedure
  - B. Ordering Provider
  - C. Original Patient
  - D. Originating Profile
- 4. HIV Self-Reported Status is a required field in the interview record?
  - A. True
  - B. False

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